

Norwood

The Orchard

Inspection report

Ravenswood Village
Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

Date of inspection visit:
15 August 2017

Date of publication:
19 September 2017

Tel: 01344755582

Website: www.norwood.org.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 15 August 2017 and was unannounced.

The Orchard is a care home which is registered to provide care (without nursing) for up to ten people with a learning disability. The home is a large detached building situated on a village style development together with other similar care homes run by the provider. It is situated some distance from local amenities and public transport. At the time of the inspection there were eight people living in the home.

There was a manager for the service who was in the process of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The recruitment and selection process undertaken by the provider organisation ensured people were supported by staff of good character. The number of qualified and trained staff was sufficient to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse. Medicines were managed and administered safely. Routine health and safety checks were completed in accordance with legislation and guidance. Infection control procedures were followed.

People were provided with effective care from a core of dedicated staff who had received support and guidance from the management team. Care plans were detailed and included how people wanted their needs to be met. Risk assessments identified risks to people associated with personal and specific behavioural and/or health related issues. They supported staff to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect. The service had regular contact with people's families and representatives to make sure they were fully informed about the care and support the person received.

The provider was meeting the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Consent to care and support was sought in line with legislation and guidance. When appropriate mental capacity assessments had been completed and where people had been assessed as not having mental capacity to make a decision, a best interests meeting had taken place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were provided with the training and development they required to care for and support people's individual needs through regular supervision, meetings and updating their training. The provider had taken steps to periodically assess and monitor the quality of service that people received. This was undertaken by the home manager and delegated staff within the home. The process was carried out through internal audits, care reviews and requesting feedback from people and their representatives. There was evidence

that any required actions that resulted from quality monitoring had been identified and undertaken in a timely manner.

The manager received consistent praise and positive feedback from staff, relatives and professionals. They uniformly expressed the difference his leadership had made to the service. We found an open and positive culture in the service and the staff team was supported to bring forward suggestions to better the service. There was a strong emphasis on team working and staff confirmed they worked well together. Standards of care were high as a result of the example set by the management team and their expectations. The staff worked hard to meet the standards and expectations set and took pride in achieving positive outcomes for people. There were strong links built with the community which benefitted people. The provider valued and developed staff. They involved people in contributing to all aspects of the service and sought views and feedback in order to improve and develop.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment procedures were robust and thorough risk assessments were in place.

Feedback from a professionals indicated that people were safe living there.

Staff knew how to protect people from abuse.

The provider had emergency plans in place which staff understood and could put into practice.

Staff had the relevant skills, experience and were sufficient in numbers to keep people safe.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff spoke regularly with their line manager for support to discuss any concerns or ideas.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were supported to eat a healthy diet and were supported to see health professionals promptly to make sure they kept as healthy as possible.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and dignity at all times and

promoted their independence as far as possible.

People responded to staff in a positive manner. Staff knew people's individual needs and preferences very well.

Is the service responsive?

Good ●

The service was responsive.

Staff responded quickly and appropriately to people's individual needs.

People's assessed needs were detailed in their care plans and this provided appropriate information for staff to support people in the way they wished.

Activities within the home and community were supported and provided for each individual and tailored to their particular needs and preferences.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good ●

The service was very well-led

Staff said the manager was very supportive, open and approachable. The provider and manager promoted strong values along with a person centred, inclusive and open culture.

People could have confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager was highly regarded by staff, relatives and professionals.

The Orchard

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on the 15 August 2016 by one inspector and was unannounced.

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law. We looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed the care and support provided throughout the home. We spoke with people who lived in the home. The majority of people living in the service were unable to provide us with any verbal feedback about their experience of the care provided. However, we spoke with six people one of whom was able to provide positive feedback about their experience. We spoke with the manager of the home, two assistant managers and four staff in private. In addition, we received email feedback from one member of staff. We contacted a range of health and social care professionals and received information from three local authority commissioners. We also received a quality report which had resulted from a recent quality visit undertaken by two members of the host local authority.

We looked at three people's care plans and records that were used by staff to monitor their care. We also looked at duty rosters, menus and records used to measure the quality of the services which included health and safety audits.

Is the service safe?

Our findings

People were kept safe by staff who knew them well. Health and safety was recognised as a high priority by adherence to health and safety policies and procedures designed to ensure the protection and safety of people. We received comments from a range of people including a relative who told us the "Norwood service and in particular the Orchard staff keep our daughter safe at all times." A commissioner told us, "We have one resident living at the Orchard, who has lived there most of his adult life. He always presents as being comfortable and safe with the staff he has working around him." The staff we spoke with all confirmed that the procedures relating to health and safety were much improved since the current managers appointment. We were told and could see that staff were now much more confident that any issues or concerns they had would be listened to and acted upon.

Training in safeguarding vulnerable adults was undertaken by all staff and refreshed regularly. Guidance in reporting safeguarding concerns was readily available in the service to be referred to. Staff demonstrated a sound knowledge of safeguarding people by describing what may indicate a person had suffered abuse and how they would report this. They understood their responsibilities and acted accordingly by notifying appropriate authorities including the Care Quality Commission in a timely manner. The provider had a whistleblowing policy which staff were fully aware of it and said they would make use of it if necessary to prevent poor practice. We were aware of an occasion where this had been appropriately used by staff.

Risk assessments were carried out and were reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. The guidance for staff provided information on how to manage and reduce the risks associated with individual's needs, activities and everyday situations. Appropriate risks were assessed to ensure that people participated in activities of their choice. Accidents and incidents were recorded appropriately and improvements to monitoring and trend analysis were in progress.

Risk assessments relating to the service and the premises including those related to health and safety and use of equipment were in place. There was a maintenance contract in place with a private company who employed a range of trade professionals some of whom were located on the same site as the care homes. They were able to address maintenance issues including those that required urgent attention. Staff told us they could report damage, faults or breakages directly and repairs were generally carried out promptly. For more complex health and safety checks appropriate contractors were employed to monitor and maintain equipment such as the fire alarm system and electrical equipment.

We saw that safety and maintenance monitoring had been comprehensively reviewed by one of the assistant managers. In addition, a member of staff with a keen interest in health and safety had been appointed as a champion for health and safety. With the support of the assistant manager weekly checks were now being carried out throughout the premises and included out door areas. We saw the latest checklist and noted that it was very comprehensive and included kitchen ventilation and equipment and gutters and downpipes. The checklist noted issues and the action taken. For example, a fluorescent tube

light needed replacing and it was recorded that maintenance had been informed. There was also a note to confirm that a new cooker for the kitchen was due for delivery.

Successful recruitment had increased staffing levels to full capacity. The manager informed us this enabled greater flexibility in the service. Furthermore, when there was staff absence due to sickness or annual leave the team was able to cover those shifts. This provided consistency in support for the people living at The Orchard and helped to maintain stability. The manager told us this was extremely important for the people living there as changes could result in distress and anxiety due to the conditions people lived with. An on call system was in place to support staff out of hours and staff were aware of who they could call for advice when required. Staff confirmed they were always able to contact senior personnel for advice and support. The staff rota was seen and demonstrated that there were enough staff throughout the day and night to meet people's assessed needs. Staff told us that there were sufficient staff on duty to meet people's needs and to keep them safe provided that there was a full complement of staff on shift which there normally was.

People were protected from the risk of being cared for by unsuitable staff. Recruitment processes were thorough. References were sought in relation to conduct in previous employment and a disclosure and barring service (DBS) criminal record check was completed for each applicant. A DBS check ensures there are no criminal records which may prevent a prospective member of staff from working with vulnerable people. Other checks included establishing proof of identity and gaining a full employment history. Staff performance was monitored and when appropriate disciplinary action was taken.

People were given their medicines safely by staff who had received face to face training which was supplemented by six monthly e-learning. Competency assessments in the safe management of medicines were in place as per the provider guidance. Medicines were ordered, stored, administered and disposed of safely. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. All medication administrators and medication checkers were identified at the start of each shift on a shift planner. Individual guidelines and protocols were available to direct staff on the administration of medicines which were to be taken when required. Audits ensured any discrepancies were noted and dealt with promptly. A pharmacy visit was conducted on 30 March 2017 where no issues were identified.

A business continuity plan dated January 2017 was in place and provided guidance in dealing with emergency situations such as fire, staff shortage or loss of utilities. Staff practiced emergency drills and each individual had a personal evacuation plan. Infection control procedures were followed and we saw staff adhered to a colour coded system for cleaning equipment such as mops and buckets. All substances that could pose a hazard to health were properly stored and waste was appropriately disposed of.

Is the service effective?

Our findings

People received effective care and support from staff who were trained and supported by the manager and provider. Staff knew people well and understood their needs and preferences. They obtained people's consent before they supported them and discussed activities with them in a way people could understand. Social care professionals praised the manager and the staff team for the effective support provided to people living at The Orchard. We received feedback from a local authority commissioner who told us, "Staff teams have worked with most of the residents for many years and our client knows them well as do the staff." They went on to say, "Health needs are addressed by the local health team who have a good working relationship at the Village." In addition, we saw from the records that people's families felt the support provided was effective and had a positive impact on their family member. One relative commented, "Our daughters health needs are addressed very quickly and generally we are invited to attend any meetings regarding our daughters health and wellbeing."

The manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. All new staff received a two week induction when they began work at the service. This included time shadowing more experienced staff until individuals felt confident working without direct supervision. We were told that agency staff also received an induction into the home which included a written overview of each person living there. They spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff had opportunities to receive further training in areas specific to the people they worked with such as epilepsy, autism and understanding behaviour that challenged the service. Whilst the majority of staff had undertaken this training quite recently there were a number of staff who had not had refreshed this training for some considerable time. However, the manager and assistant manager advised that this was being addressed, monitored and strategies were in place to prioritise those most outstanding.

The manager told us that work had been undertaken to ensure that all staff were up to date with required training. This had been a major task given the omissions in staff training when the current manager had taken over the management of the home. We saw from staff training records provided that the dates confirmed that many staff had attended training or had undertaken e-learning in the time since the current managers appointment. We noted that as of 1st August 2017 one member of staff was overdue for four health and safety related courses and one staff member was overdue for one course. We also saw that one of the assistant managers was overdue by up to nine months for seven different training courses. We were advised that this was monitored monthly with email follow ups being sent to relevant staff

The provider required that individual meetings were to be held between staff and their line manager at least six times per year. These meetings were designed to discuss progress in the work of staff members, training and development opportunities and other matters relating to the provision of care for people using the service. Supervision for all staff was now organised on a monthly basis as far as possible. Staff described these meetings as positive and uplifting. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were able to ascertain that a programme of

annual appraisals was in place which met the timescales set by the provider. Staff told us that the manager was very approachable and that they could always speak with her or one of the assistant managers to seek advice and guidance. Overall staff felt very well supported under the current management arrangements.

Staff meetings were held approximately monthly with night staff meetings scheduled on a six weekly basis. Meetings included a range of topics relevant to the running of the home. Staff told us they found these useful and that they now felt very comfortable to raise issues and items for discussion. We reviewed the minutes of the meetings held in January, February, April and July 2017 which demonstrated how best practice was discussed with regard to such matters as safeguarding. Staff were given reminders to be aware of various policies and procedures and matters raised by people and staff were discussed and recorded.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and they were aware of how the principles of the act applied to their work. We spoke with the manager regarding DoLS authorisations for people who used the service. They had a good knowledge about the MCA and DoLS and understood how to apply the principles of the MCA and associated codes of practice. There was evidence of mental capacity assessments and applications for DoLS authorisations in the files we reviewed including email correspondence to follow up applications and reviews with the supervisory bodies. Reviews were completed when needed and best interest decision meetings were held and recorded when appropriate.

People's consent to care and treatment was sought in line with legislation and guidance. Staff promoted people's rights to make decisions for themselves. People were consulted and asked before any support was provided. Throughout the inspection we saw people were encouraged to make choices and decisions for themselves. It was clear that people valued the support of staff in making some decisions and we observed how staff discussed alternatives and options with people. Explanation and information were also provided to enable people to consider the possible consequences of a decision.

People's health needs were identified and effectively assessed. Care plans included the history of people's health and current health needs and of those we reviewed all had health action plans in place. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. Records of health and well-being appointments, health referrals and the outcomes were kept. We were shown a dental audit report undertaken by the Berkshire Community Dental Service. This provided an overview of the arrangements at The Orchard for people's dental health with some detail about individual needs. Overall it was a positive report about the arrangements and provided advice with regard to recording support for tooth brushing particularly where difficulties were experienced. This would provide evidence of the attempts to assist people when good oral care may be challenged.

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared. Each person's preferences were recorded in their care plan. Regular discussions were held regarding menus. People benefitted from a varied diet which accommodated their personal favourite meals while encouraging them to try an array of different foods. We were told that there was a much more co-

ordinated approach to weight management. Advice from dieticians was sought when appropriate and we saw evidence to support this. Activities sometimes included eating out where individuals continued to make their own choices. Most staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet. We observed the lunch time period. People were appropriately supported where required and there was a calm and ordered atmosphere. We noted that the environment and the dining table preparation had been greatly enhanced since our previous visit to provide a more enjoyable meal experience for people. Staff told us that people's diet was an area that had improved significantly under the current management. Due to risks associated with potential choking at meal times the manager had arranged for the Health and Safety Officer to attend a recent staff meeting. They brought a dummy to demonstrate how to deal with a choking incident giving staff the opportunity to practice interventions such as the Heimlich manoeuvre.

We noted that the fabric of the home had been extensively upgraded under the current management. There was a refurbishment programme in place which was designed to ensure that any fixtures or fittings that required replacement were acted upon. Furniture had been purchased both for communal areas and people's bedrooms where required. A new stair carpet was imminently due for delivery and fitting. New garden furniture had also been sourced for one of the garden areas. Staff told us that as keyworkers they had been encouraged and supported to enhance people's private rooms and had been provided with the necessary funds to do so. There were now colourful pictures and photographs on the walls throughout the home which were relevant to the people living there. Information boards that recorded staff on duty and meals of the day were up to date and relevant information for staff was posted where needed. However, attention had been made to do this in the most unobtrusive manner possible.

Is the service caring?

Our findings

The vast majority of people were not able to provide a view about the staff team and their experience of living in the home. However, we observed people were comfortable in the presence of staff. When people were approached by staff they responded positively. Equally, we observed people approaching staff and saw there was a relaxed and comfortable engagement between them with staff responding supportively. The atmosphere created was happy and easy-going. Each person living at The Orchard had a key worker. A key worker is a member of staff who takes particular interest and responsibility for an individual. One relative commented on the relationship with the keyworker and other staff, "I do believe that (name) is respectfully cared for by her care workers and (name) her key worker seems to be doing a great job and she seems to be responding well." Whilst another commented on, "The extremely good relationship she has with the staff plus her happy mood with both her daily activities outside the Orchard coupled with her home life inside the Orchard."

Each person using the service had particular communication difficulties and support needs and staff ensured that they were involved in making decisions about their care as far as possible. Information was provided in different formats such as pictures to help people understand such things as activities and meals. We were told that all staff within the service had received greater interaction training which was designed to ensure that individual's communication needs were fully understood by all staff. In addition, it ensured that agreed procedures and communication methods were used consistently with individuals by the staff team. Throughout the visit staff were communicating and interacting with people in a respectful and positive way and it was evident that staff knew people's preferred way of communicating.

Care plans had all been reviewed and updated by the manager. They provided detailed information about the people supported. There had been input from the staff team together with the involvement of people themselves, wherever possible. The service was proactive in ensuring people had the opportunity to express themselves and communicate their needs. We observed staff had a genuine interest in the wellbeing of residents, engaging them in interaction to check how they were and what they wanted to do. Care plans contained detailed information to enable staff to understand what a person's behaviour may indicate. For example, it was recorded in one person's care plan how certain behaviour indicated anxiety and frustration. The plan guided staff in how to help this person by speaking calmly and slowly, allowing them space and time and offering an activity they enjoyed.

The staff worked hard to find and develop ways to overcome difficulties people experienced in advancing their independence. Staff encouraged and supported people to make choices and take part in everyday activities. Individual care and support plans provided staff with guidance on how to promote people's independence. Staff told us that they provided person centred care which ensured that the support was focussed on the person. A social worker commented, "The service is very person-centred and service users have a wide range of activities available to choose from and access." It was clear from discussion with the manager, assistant managers and care staff that people's individual needs and preferences were well understood. This knowledge ensured that any changes in needs were acted upon in a calm and professional manner and without undue delay.

Staff were aware of the importance of respecting people's rights to privacy and dignity. Staff made reference to promoting people's privacy and clearly demonstrated an in-depth knowledge of the people using the service. Policies and procedures were in place to promote people's privacy and dignity and to make sure people were at the centre of care. Staff knew what people's preferences were and how they liked to spend their time. Staff described the communication in the home as much improved as a result of the current management. One local authority commissioner told us that they were always updated on a regular basis with regard to activities, wellbeing and any changes that occurred.

People had personalised their bedrooms, they were surrounded by items in their rooms that were important and meaningful to them. This included such items as books, photographs, DVDs and CDs. Photographs of significant events were also displayed throughout the service and there was evidence of people's interests and hobbies such as exercise equipment, sports memorabilia, a keyboard and certificates of taking part in various activities. These contributed to making the service feel it truly belonged to the people who lived there.

As the home used agency staff or bank staff occasionally a personal profile had been introduced for each person that provided the most important information about them. This enabled staff who were unfamiliar with the person they would be working with to gain an overview and understanding of that person's needs. All documentation about people who lived in the home was kept secure to safeguard their confidentiality.

Is the service responsive?

Our findings

People's needs were thoroughly assessed before they moved into the service. The assessment was then used to formulate a person centred support plan. We found support plans were very detailed and contained information to support people in an individualised way. Personal preferences and routines were noted in support plans and it was evident that people had been involved in making decisions about the care and support they received. Support plans were reviewed regularly and changes were documented and communicated to staff. Staff were aware of peoples' needs at all times. Staff were able to quickly identify if people needed help or attention and responded without delay. Staff accurately interpreted people's body language or communication methods and responded appropriately.

Staff told us that they felt there was enough information within people's care plans to support people in the way they wanted to be supported. People's detailed care plans and staff's knowledge meant that care staff were able to offer very individualised care. People's care plans were tailored to meet their specific needs. They clearly described the person, their tastes, and preferences and how they wanted to be supported. We saw that those records reviewed contained personal emergency evacuation plans. The roles and responsibilities of the staff members were recorded on care plans. The skills and training staff needed to offer the required support was noted and provided, as necessary.

Appropriate staff were trained in assessing needs and all staff were involved in updating support plans to ensure they were thinking in a person centred manner. The manager told us that improvements still needed to be made to the quality of daily records and staff were being supported with this. Care plans were reviewed annually or more frequently if a change in a person's support was required. We were told and saw samples of people's review documentation which took account of people's preferences. Relatives told us that they were invited to annual reviews.

People were offered a variety of activities and supported to participate in those they enjoyed. A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. Staff told us that with the manager's support a seven seat vehicle had been purchased for use by the occupants of the connected flat. Individuals were able to pursue a wide range of leisure interests including swimming, eating out, walking and visits to places of interest to the individual such as zoo's, the seaside and Butlins. We saw that a BBQ had been organised for the 29th August to which all interested parties had been invited.

People were supported to have contact with their families where appropriate. One relative commented, "The Orchard is extremely well managed with programmed activities which can change very quickly should the activity need tweaking or prove to not be appropriate. We are always kept fully informed of developments and incidents should there be any." Staff described major improvements in the opportunities there now were in accessing activities for people. This was as a direct result of the current management and further encouragement and opportunities were anticipated.

The provider had a complaints policy and a complaints log to record any complaints made. Information was provided to try to ensure people knew how to make a complaint or raise a concern. It was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. Care staff were aware that people would need assistance to make a complaint. They described how they would interpret body language and other communication methods to gauge if people were unhappy. There was a complaints procedure displayed in the office. Complaints and concerns formed part of the service's and provider's quality auditing processes. No complaints had been recorded by the service since the last inspection. The service recorded compliments and we were shown a letter from a relative which praised the improvements undertaken and described a much happier home.

Is the service well-led?

Our findings

There was a manager at The Orchard who was progressing through the CQC registration process. This appointment had initially been on a temporary basis after the previous manager was dismissed but was now planned to be permanent. The new manager was highly praised by staff, relatives and professionals. Comments and feedback from staff included, "She is very approachable and I feel very valued", "Access to resources has been transformed under (name) management". "The changes are immense", "She is excellent". From a relative we were told, "She is always available to talk to, and I have to say I have such confidence in (name)." And, "The environment has been upgraded considerably under the new management." Local authority commissioners told us, "I feel confident that (name) and her new assistant manager will improve the service and meet CQC's standards. (Name) is an experienced and excellent manager." And, "Staff spoken to at the visit commented very positively towards the changes and the management of the home and reported that relatives spoken to are also very pleased with the changes that have taken place since the appointment of (name) as new home manager."

There were plans to strengthen the management team to three assistant managers and this would be in place by the end of September 2017. There was an open, supportive and inclusive culture in the service. Staff said the manager and assistant managers had an open door policy and offered support and advice whenever needed. They were now very confident to approach any of the management team which was in direct contrast to the management style previously in place. We received consistent praise for the manager of the service and received written testimonials acknowledging the excellent work they had led the staff team to achieve. There was not one area of the home from record keeping to the environment that had not been subject to review and improvement. However, the manager was quick to point out that there were still areas which required further work and enhancement but there was a commitment to include everyone in the development of the service.

People were offered good quality care which was regularly checked to ensure it was maintained and improved when possible. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt extremely supported by the manager and were now working well as a team. All staff had been encouraged to be creative with ideas and suggestions and it was very apparent that some individuals had flourished under such innovative leadership. Some staff who had either shown a flare or an interest in a topic had been appointed as champions. There were now champions in place for health and safety, medicines and activities. There were plans to appoint a dignity champion in due course. We reviewed the minutes of the staff meetings and saw there were discussions relating to suggestions made by staff which were acknowledged and action taken when appropriate.

There was a system in place to monitor the quality and safety of the service. The manager completed extensive quarterly reviews and a series of checks were completed daily, weekly and monthly for such things as fridge temperatures, fire safety and infection control. Additional audits were conducted for medicines and people's money. This was an area that had been subject to significant development. New formats had been introduced which were used to identify and capture hazards on a weekly basis. They were designed to ensure that any outstanding matters were always brought forward until completed and signed off. In

addition to these internal audits, periodic quality assurance visits were conducted by the adult services manager. This was an area that was being developed by the provider. A framework for a quality assurance monitoring system had been produced and additional posts were being recruited to. Once embedded operationally it would provide a robust system for monitoring the quality of services provided. The views of people, staff and other interested parties were listened to and actions were taken in response. The service had various ways of listening to people, staff and other interested parties. People had regular reviews during which staff discussed what was working and what was not working for them. People, their families, staff and other interested parties were sent questionnaires on an annual basis. These were used to make improvements to the service and/or address any issues raised.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist community learning disability health team and relatives. People's changing needs were reflected in their care plans and risk assessments. Records detailed how needs were to be met according to the preferences and best interests of people who lived in the service. People used individual cars to access facilities in the community and for day trips. They used the swimming pool, sports centres, coffee shops and attended social activities of their choice, wherever possible. The service promoted and supported people's contact with their families and worked closely with health and social care professionals to achieve the best care for the people they supported. The manager had introduced a newsletter called the 'Orchard Oracle' which was attractive and easily accessible by people and other interested parties.

Monitoring of significant events such as accidents and incidents was undertaken by members of the management team. People's records were of a good quality and were up-to-date. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well organised and easily accessible.